

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number # <b>7844</b>	2. Fiscal Year Covered From: <b>01 / 01 / 04</b> Through <b>12 / 31 / 04</b>
3. Name and address of person filing	
Name <b>LAWRENCE W KUDIA</b>	4. Name, file number, and address of labor organization
P.O. Box, Bldg., Room No., if any	Name <b>Local 282 Building Material Teamsters</b>
Street <b>90 2500 Marcos Ave Local 282</b>	Labor Organization File Number <b>1009-185</b>
City <b>Lake Success</b>	P.O. Box, Building and Room Number, if any <b>2nd Floor</b>
State <b>New York</b>	Street <b>2500 Marcos Avenue</b>
ZIP Code + 4 <b>11042</b>	City <b>Lake Success</b>
State <b>New York</b>	ZIP Code + 4 <b>11042</b>
5. Position in labor organization <b>Recording Secretary</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent	7.a. Nature of Interest, Transaction, or Income
6. Name and address of Employer (including trade name, if any)	7.b. Amount
Name	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **8-8-05**

Date

**516 488-2822**

Telephone Number

Name of Person Filing <b>LAWRENCE W KUDLA</b>	File Number 6-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business or an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Cohen, Weiss and Simon LLP**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **25TH FLOOR**  
 Street **330 West 42nd Street**  
 City **NEW YORK**  
 State **NEW YORK ZIP Code + 4 10036**

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 282 Benefit Trust Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any  
 Street **2800 Meadus Avenue**  
 City **Lake Success**  
 State **NEW YORK ZIP Code + 4 11042**

11.a. Nature of such dealing.

**Legal Representation**

(D) **65725.00**

\* **424,164.00**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received (9)

**MEALS ASSOCIATED WITH MEETINGS  
2/24/04 AND 4/24/04**

**\$56.00**

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

Name of Person Filing **LAURENCE W KUDLA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name **Jared W SELIGMAN**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **100 PARK AVE**City **NEW YORK**State **NEW YORK** ZIP Code + 4 **10017**

9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name **LOCAL 282 PENSION TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **2500 MARCUS AVENUE**City **JAKO SUCCESS**State **NEW YORK** ZIP Code + 4 **10442**

11.a. Nature of such dealing.

**Miscellaneous Investments**

11.b. Approximate dollar value of such dealing.

**350,000.00**

12.a. Nature of interest held or income received.

**Meals ASSOCIATED WITH MEETINGS****2/21/04, 3/29/04 and 4/16/04**

12.b. Amount.

**Approx. 150.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Mac Kay Shields**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **9 West 57th STREET**  
 City **New YORK**  
 State **New York** ZIP Code + 4 **10019**

## 9. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 282 Welfare TRUST FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2500 Marcus Avenue**  
 City **Keweenaw SUCCESS**  
 State **New YORK** ZIP Code + 4 **11042**

## 11. a. Nature of such dealing.

**Manages Welfare TRUST FUND  
INVESTMENTS****\$ 110,000.00**

## 11. b. Approximate dollar value of such dealing.

~~**\$ 110,000.00**~~

## 12. a. Nature of interest held or income received.

**Meals ASSOCIATED MEETINGS****Approx. \$5,000.00**

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14. a. Nature of payment.

## 14. b. Amount of payment

Name of Person Filing Dawrence W. Kudla

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name UBS Financial

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 East 42nd StreetCity Mitchell FieldsState NEW YORK ZIP Code + 4 10013

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 282 Annuity Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2500 Marcus AvenueCity Lake SuccessState NEW YORK ZIP Code + 4

B. Business deals with:

a. Labor Organization

 b. Trust

c. Employer

11.a. Nature of such dealing.

Maurice D'Amato Investments  
(Fund)

11.b. Approximate dollar value of such dealing.

\$100,000.00

12.a. Nature of interest held or income received.

Meals Associated With Meetings2/23/04

12.b. Amount.

Approx. \$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.